



March 11, 2010

Thank you for opportunity to participate on this panel today about high performing healthcare systems. My name is Barbra Rabson and I am the Executive Director of Massachusetts Health Quality Partners.

Efforts to manage costs and improve quality have been ongoing for decades, but they are too often stymied by the way U.S. health care is organized, financed, and segmented. There's an emerging consensus, however, that healthcare stakeholders need reliable, transparent quality and cost data in order to close the value gap. If it can't be measured and reported, it can't be improved. My role and that of my organization is to produce reliable performance information, and that is what I will focus my comments on today.

**ABOUT MHQP**—Massachusetts Health Quality Partners (MHQP) is a broad-based coalition of physicians, hospitals, health plans, purchasers, consumers, academics, and government agencies working together to promote improvement in the quality of healthcare services in Massachusetts. MHQP was first established in 1995 by a group of Massachusetts healthcare leaders who identified the importance of valid, comparable measures to drive improvement. For 15 years, MHQP has brought together multiple stakeholders, often with disparate agendas, who have worked together to drive healthcare quality improvement in Massachusetts.

MHQP has a successful track record for reporting trusted healthcare performance information to providers to help them improve the quality of care they provide their patients, and to consumers, to help them take an active role in making informed decisions about their health care. To date we have issued nine public releases of performance information—eight with physician performance information for both clinical care and patient experience and one (our first) with hospital performance information. We believe that transparency plays an important role in making our healthcare system accountable, and provides the public with tools to better inform healthcare choices.

Public reporting of performance and private reporting with comparative benchmarks are also important motivators for performance improvement and an important tool for managing the quality and cost of health care. Less than one-third of US physicians routinely receive information on how the clinical performance of their practice compares to other practices, based on a Commonwealth Fund survey in 2009<sup>1</sup>. Since MHQP issued its first annual clinical quality reports to MA primary care physicians about

---

<sup>1</sup> Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

their performance compared with their peers in 2005, performance has improved on all measures that can be trended over the period and the variation between the highest performing and lowest performing groups has narrowed.

### **Performance Measures of Overuse, Underuse, and Patient Experience**

MHQP measures performance in three categories: 1) measures that test whether recommended services are provided (this looks at underuse of services and screenings); 2) measures that test whether certain services are only given when they are appropriate (this looks at overuse of services); and 3) surveys that measure aspects of care from the patients perspective including how well doctors communicate with patients, how well doctors coordinate care, and how well doctors provide preventive care and advice.

Each of these quality measurement areas can ultimately impact the cost of health care and should be shared both with providers being measures for improvement purposes, and with the public for accountability and to better inform consumers' healthcare decision making. Below are examples of measures that impact the cost and quality of care.

### **Measures of Underuse - Management of Asthma and Cancer Screening**

- **How well physicians manage their patients with asthma** by looking at the number patients who filled prescriptions for medication that controls this disease when taken over the long-term. Good control of asthma can reduce costly outpatient and emergency room visits and hospital admissions.
- **How well physicians provide recommended preventive care services** such as colorectal cancer screening. Colorectal cancer is the third most common cancer and the second most common cause of cancer-related deaths among both men and women in the United States. Screening tests can detect colorectal cancer and the earlier this cancer is found the more successful the treatment can be.

### **Measures of Overuse - Appropriate Use of Services**

- **Physician use of imaging studies, when appropriate, for diagnosing lower back pain.** Most patients with acute low back pain improve with conservative management and do not require immediate diagnostic studies. There is evidence of excessive imaging and surgery for low back pain in the US, and many experts believe the problem has been over medicalized. Consultants hired by the state found that the cost of imaging for privately insured residents increased 20 percent between 2006 and 2008, to \$1.2 billion, as doctors ordered more scans and X-rays<sup>2</sup>.

---

<sup>2</sup> Boston Globe Article 3/11/10 Pricey imaging pushes up health costs: technology, changes in test sites drive rise, Liz Kowalczyk

- **How appropriately physicians prescribe antibiotics for children with upper respiratory infections.** Children have an estimated three to eight URIs a year. The common cold is viral and not cured by antibiotics. However, nearly one-quarter of children under age 15 who visit a doctor's office for a common cold receive an antibiotic prescription. Inappropriate treatment of the common cold with antibiotics increases drug resistance and decreases the effectiveness of current pharmaceuticals against bacteria thereby increasing an individual's risk of becoming infected with drug-resistant bacteria

**Measures of Patient Experience – Reporting about how care is delivered based on the patient's experience. Patients are often the best source of information about certain aspects of care.**

- **How well doctors communicate with patients** by asking patients how often doctors explain recommendations about care to patients in a way that they can understand. Good communication between physicians and their patients has been strongly linked to positive health outcomes. Patients need clear instructions about care and medications and they need to know what they should do if symptoms get worse or come back. Patients are also more likely to follow up on care recommendations if they feel that their doctors are listening carefully to their concerns and showing respect for what they have to say.
- **How well doctors coordinate care** by asking patients how well their doctors or their doctors' office staff manage to inform them about needed tests or treatment and then how well they let patients know about all test results. Patients are also asked about whether their doctor keeps informed and up to date about the care they are receiving from specialty care physicians after referral.
- **How well patients are able to get timely care, appointments, and information** by asking patients about their experience seeking care and advice. Patients can best report about how easily they are able to get care when they need it right away and how well doctors' offices respond to their questions about care. When patients receive care and advice in a timely way, particularly for chronic illnesses, they may avoid emergency room care and hospitalization.

To conclude, Massachusetts will only achieve the goals we have for a high value health care system if we have reliable and transparent cost and quality measures to drive improvements and behavior change. These measures will need to be linked to payment systems that reward high performance.